

**Testimony in Support of H.B. 6550 AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO COMMUNITY BENEFITS PROGRAMS
ADMINISTERED BY HOSPITALS**

Public Health Committee

Kenneth Barela

March 7, 2021

Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee,

My name is Kenneth Barela and I live in Glastonbury, Connecticut. I am writing to provide testimony in support of HB 6550 An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals. I serve as Chief Executive Officer of the Hispanic Health Council, and I submit my testimony of this statewide community-based organization. The Hispanic Health Council's mission is to improve the health and social well-being of Latinos and other diverse communities. House Bill 6550 is of major relevance to the health and well-being of the communities that we serve.

HB 6550 requires that the planning of Connecticut's hospital-administered community benefit programs be directly tied to the needs of communities served by the hospitals. The bill further requires that those community needs be regularly assessed, and that the assessment include direct input from community members that would be impacted by the benefits programs. The Hispanic Health Council has decades of experience using community-based participatory research to document community needs and community members' perspectives on strategies to address them, and channeling results to inform the development of related strategies, systems, and policies. We have learned from this practice the multi-dimensional value of taking community perspectives into account, including the increased effectiveness of what is ultimately implemented, as well as the establishment of trusting relationships with community members. It is of critical importance that hospital-administered community benefits programs be based on similar processes of regular and comprehensive community health needs assessments (CHNA). Hospitals are anchor institutions in communities throughout the state, serving diverse populations with complex and evolving needs related to inequities in health that are far too common. For hospitals to effectively advance health equity by addressing barriers to health and social well-being, they must have a systematic approach to authentic community dialogue to inform their planning and implementation.

Another important requirement of HB 6550 is the shifting of community benefits spending to more adequately address the social determinants that play a greater role in health status than that of clinical services. The bill's provision for a community benefit and community building spending floor would ensure that nonprofit hospitals' reinvestments stay local and help to financially support needed community resources. Nonprofit hospitals are exempt from state and federal corporate income taxes as well as property taxes that would otherwise fund local resources. The Hispanic Health Council assists thousands of community members across the state annually, supporting them in addressing social determinants of health, but often finding community resources too limited to adequately meet their needs. Greater hospital investment in more broadly focused community benefits program would make an important contribution toward solving this problem.

Finally, reporting on community benefits planning and programming should be standard, comprehensive, transparent, and publicly available. It is important that reports include information about health outcomes, detailed uniform data describing the demographic makeup of the community, and how the hospital identifies and prioritizes community needs, including how the hospital solicits meaningful community input and feedback. Standard reporting should include race, ethnicity, primary language, disability status, sexual orientation, and gender identity of the community, and include a public comment period to solicit public feedback on annual reporting by the Office of Health Strategy on community benefit programs.

Thank you for your consideration of this testimony regarding An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.

Sincerely,
Kenneth Barela